

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Prasad Keshav DESHPANDE

Title

NOVEL POLYMORPHS OF RACEMIC....

Art Unit

Examiner Name

Attorney Docket Number

WH-18

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

58478

OR



Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M. (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

58478

OR

Firm or  
Individual Name

Bio Intellectual Property Services (Bio IPS) LLC

Address

8509 Kernon Ct

City

Lorton

State

VA

Zip

22079

Country

USA

Telephone

703-550-1968

Email

BioIPS@BioIPS.com

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Prasad Keshav DESHPANDE

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Prasad Keshav DESHPANDE

Title

NOVEL POLYMORPHS OF RACEMIC....

Art Unit

Examiner Name

Attorney Docket Number

WH-18

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

58478

OR



Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M. (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

58478

OR



Firm or Individual Name

Bio Intellectual Property Services (Bio IPS) LLC

Address

8509 Kernon Ct

City

Lorton

State

VA

Zip

22079

Country

USA

Telephone

703-550-1968

Email

BioIPS@BioIPS.com

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Satish Baliram BHAVSAR

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Prasad Keshav DESHPANDE
Title	NOVEL POLYMORPHS OF RACEMIC....
Art Unit	
Examiner Name	
Attorney Docket Number	WH-18

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M. (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address 8509 Kernon Ct

City Lorton State VA Zip 22079

Country USA

Telephone 703-550-1968 Email BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Yati CHUGH	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Prasad Keshav DESHPANDE
<b>Title</b>	NOVEL POLYMORPHS OF RACEMIC...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	WH-18

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M. (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bio Intellectual Property Services (Bio IPS) LLC				
Address	8509 Kernon Ct				
City	Lorton	State	VA	Zip	22079
Country	USA				
Telephone	703-550-1968	Email	BioIPS@BioIPS.com		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Ravindra Dattatrya YEOLE	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Prasad Keshav DESHPANDE
<b>Title</b>	NOVEL POLYMORPHS OF RACEMIC...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	WH-18

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M. (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address 8509 Kernon Ct

City Lorton State VA Zip 22079

Country USA

Telephone 703-550-1968 Email BiolPS@BiolPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Noel John DE SOUZA	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Prasad Keshav DESHPANDE
<b>Title</b>	NOVEL POLYMORPHS OF RACEMIC...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	WH-18

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M. (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address

8509 Kernon Ct

City

Lorton

State

VA

Zip

22079

Country

USA

Telephone

703-550-1968

Email

BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b>		<b>Date</b>	
<b>Name</b>	Mahesh Vithalbhai PATEL	<b>Telephone</b>	
<b>Title and Company</b>			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.